



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/09/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arroyo Insurance Services 11 W Del Mar Blvd Suite 200 Pasadena		CA 91105		CONTACT NAME: Evett Lam PHONE (A/C, No, Ext): 6267927654 FAX (A/C, No): E-MAIL ADDRESS: evett@arroyoins.com
				INSURER(S) AFFORDING COVERAGE
				INSURER A: Nonprofits Insurance Alliance of CA 0
INSURED Los Angeles Neighborhood Initiative 800 Figueroa Street Suite 970  Los Angeles		CA 90017		INSURER B: State Compensation Insurance Fund of CA 35076 INSURER C: United States Liability Insurance Co 25895 INSURER D: INSURER E: INSURER F:

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**  
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				EACH OCCURRENCE	\$ 1,000,000
A	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER			2017-37884-NPO	10/01/2017	10/01/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> SCHEDULED <input checked="" type="checkbox"/> AUTOS NON-OWNED AUTOS ONLY	<input type="checkbox"/> N <input checked="" type="checkbox"/> N				MED EXP (Any one person)	\$ 20,000
A	UMBRELLA LIAB EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	<input type="checkbox"/> <input type="checkbox"/>	2017-37884-NPO	10/01/2017	10/01/2018	PERSONAL & ADV INJURY	\$ 1,000,000
	DED <input type="checkbox"/> RETENTION \$						GENERAL AGGREGATE	\$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / N	<input type="checkbox"/> N / A <input checked="" type="checkbox"/> N	9086399-17	05/01/2017	05/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH- ER 0	E.L. EACH ACCIDENT \$ 1,000,000
B	Directors & Officers Liability Employment Practices Liability	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> N	NDO1006093Q	10/01/2017	10/01/2018	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C							Each Claim - \$ 1,000,000 Retention - \$ 500	Each Claim - \$ 1,000,000 Retention - \$ 5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

City of Los Angeles and all of its Agencies, Boards and Departments  
200 North Main Street  
City Hall East, Suite 1240  
Los Angeles

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
Evett Lam